CONFIDENTIAL SENDING THIS QUESTIONNAIRE IS NOT SUBMITTING A CHARGE

NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS 2 INDUSTRIAL PARK DRIVE CONCORD, NEW HAMPSHIRE 03301 (603) 271-2767

> FAX: (603) 271-6339 TTD ACCESS: RELAY NH 1-800-735-2964 Email: humanrights@nh.gov

EMPLOYMENT INTAKE OUESTIONNAIRE

INSTRUCTIONS: This is a questionnaire meant to gather information, not a charge of discrimination. Please fill out this questionnaire as completely as possible and send it back to the Commission either via regular mail, fax or email using the contact information above. Keep a copy of the completed questionnaire for your records. A Commission Investigator will use this information to review whether you have the basis to file a formal charge. The Investigator will contact you after review to gather further information as necessary and either explain the next steps in filing a formal charge or explain why you may not have the basis to file a charge of discrimination.

Have you already filed a charge of discrimination with the EEOC?			YES	NO
Your Name			Today's D	ate
Address				
City	State		Zip Code	
Telephone numbers: Home/Mobile:			Work	
Email address:				
Optional : What is your Race?	What is your National Origin?			
Contact information of a relative, friend	nd or neighbor who	would know how	to reach you.	
Name:	Phone No:	Phone No: Email:		
I believe I was discriminated agains	t because of:			
Race or Color National Origin Creed/Religion Gender (Male, Female, Other) Sexual Orientation Sexual Harassment Pregnancy		Physical Disability Mental Disability Age - DOB Marital Status Retaliation Equal Pay Gender Identification		for age discrimination onl
First date of Discrimination: Month Last date of Discrimination*: Month *Please keep in mind that you only have 180 days under both state and federal laws.	Day Day from the last date of di	Year Year scrimination to file a	Charge of Discrimin	nation with the Commission

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I was treated differently from others or denied the same opportunity in:					
Refusal to Hire Termination/Discharge Layoff Pay Denial of Promotion Demotion	Reasona	•			
I wish to file a charge against:					
Name of Employer and/or individuals: Address:					
City: Phone Number (include area code): Approximate number of employees: Are you currently employed by this Endate of hire: Date of termination:	State: mployer?	Zip Code:			
Present position/Last position held: Supervisor's Name and Title: Decision Maker's Name and Title:		(Please be specific)			
If you were placed by a staffing agency	y, please give the name and contact informa	ation for the agency:			
could include such things as being treated leave, harassment, working conditions, I dates, etc. Were other persons treated di	ument what action(s) taken against you that yed differently in hiring, termination/discharge retaliation and/or reasonable accommodation ifferently than you? Please describe. What hom the first date of discrimination to the late	e, pay, promotions, demotions, maternity as. Provide details such as names and arm, if any, was caused as a result of			
FOR AGENCY ACTION ONLY Action taken: [] Charge taken [] Not a covered basis [] Information only [] Actions complained of do not state a valid claim	[] Not a timely charge [] CP is a federal employee [] No employer/employee relationship [] Not enough employees [] Referred to another agency: [] Filed in court on same basis	[] Charge already filed at another agency [] Other reason (Specify):			
Intake Investigator's signature:	Date:	_			